

Llanfyllin
Municipal Borough

ANNUAL REPORT

OF THE

Medical Officer of Health

AND

Public Health Inspector

FOR THE

YEAR 1966



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TO THE LLANFYLLIN MUNICIPAL BOROUGH COUNCIL

Mr. Mayor, Aldermen and Councillors,

I beg to submit my report for the year ending December 31st, 1966, which is drawn up according to the instructions of the Welsh Board of Health.

An examination of the vital statistics for 1966 show an apparent halt in the growth of the population, but this year there was an increase in deaths over births causing a natural fall in the population of 12. The crude death rate was higher than in 1965 and the birth rate lower. In order to compare the birth and death rates of one locality with those of another it is necessary to determine whether the two populations are comparable in point of age; if they are not, then certain corrections must be made. The Registrar-General provides figures known as the "comparability factors" for this purpose, but in 1966, even after applying these factors to the crude birth and death rates, the corrected birth rate was still lower and the corrected death rate still higher than the corresponding rates for both the County and England and Wales. On the other hand, a study of the trend of these rates over a period of years shows a fluctuation.

The apparently high infant mortality rate was caused by only one infant death. In the county there were 10 infant deaths and the total infant mortality rate for Montgomeryshire was lower than the figure for England and Wales.

Heart disease caused seven deaths; three of these occurred in the 65-75 years age group and were attributed to coronary heart disease (the same number as in 1965). This disease causes more deaths in England and Wales than any other single disease and the mortality rate is increasing; part of this increase is due to improved methods of diagnosis and death certification, but a study of post-mortem findings points to a real increase as well. The mortality rates for men and women between 15-49 years increased by over 30% in each case between 1956 and 1965 and in women over child-bearing age there is also a tendency for this rate to increase. Among the many factors thought to contribute to coronary heart disease are: obesity, sedentary occupation, diet and smoking.

There were 4 deaths from cancer (one from cancer of the stomach) but no deaths from cancer of the lung—which is the chief cause of all deaths from cancer. Since 1960, deaths from cancer of the lung have increased by nearly 1,000 a year and cigarette smoking is said to be the most important single known cause of this disease; the death rate being less markedly increased amongst pipe and cigar smokers. The death rate is ten times higher among smokers than non-smokers. Statistics for children under 16 years of age are not available. However, although the total number of people in the 16-19 years age group increased between 1961 and 1965,

the proportion of people who did *not* smoke rose by 11% in men and 6% in women; this, at least, is encouraging and is perhaps the result of health education in smoking in their earlier years at school; perhaps their example will effect a decline in smoking in adults.

Local Authorities in Montgomeryshire were asked by the Minister of Health to discuss plans for dealing with “Homeless Families”, with special reference to the need for co-ordinating the various services available in the County, (Health, Welfare, Children’s Dept., Housing Authorities, etc.), to enable temporary accommodation to be made available for these families. The Minister emphasized the importance of arranging accommodation in such a way as to ensure that the husband, wife and children could remain together; also the necessity to organize an “early warning system” to alert the necessary services at the first suspicion that a family may become homeless, (e.g. eviction). This has already been the practice in most of the five districts in North Montgomeryshire in the event of the local authority not being in a position to provide them, at the time, with a council house; more usually the local authorities have found it possible to re-house them. However, there is always the odd case where families may suddenly find themselves without a home due to unforeseen emergencies such as floods or fire, and it would be advisable if temporary accommodation were earmarked for such an event. After full discussions a report was submitted to the Ministry of Health embodying the recommendations of the combined Authorities and Services.

The Food Hygiene (Market, Stalls and Delivery Vehicles) Regulations, 1966, came into force on 1st January, 1967, thus bringing the requirements more into line with the regulations relating to food premises. In most cases washing facilities must now be provided together with a supply of hot and cold water. These facilities are long over-due. At the same time the Minister of Health and Agriculture published a “code” for the bakery trade and industry—in effect it adds to the general advice the public health inspectors already offer when they carry out inspections of food premises.

In the 1965 report I wrote at length about the occurrence of hydatid disease in sheep in the Borough. Once again, in 1966, several more cases were found; not all the animals came from farms in the Borough but were brought in to be slaughtered. In this country the dog-tapeworm, *echinococcus granulosus* is the causative agent. Press publicity was given to the disease in 1965 when people were advised to have their dogs treated, whilst this department ensured that infected sheep offal was completely incinerated. The Minister of Agriculture, in reply to a question in parliament in 1966 said that “in 1965 hydatid disease was certified as the primary cause of death in 10 persons in England and Wales and that humans must have been infected by a canine animal”. In humans, the cysts form in tissues such as the liver, lung, kidney, pelvis, heart, bone and central nervous system and fatality depends upon the site of the cyst. They may not produce any symptoms throughout life, but if vital areas are affected,

death ensues. Unless all dogs (including domestic pets) are repeatedly treated the condition constitutes an especial risk to young children who fondle their pets.

Further efforts were made in 1966 to reduce the number of Warfarin-resistant rats in Montgomeryshire. The Prevention of Damage by Pests Act (1949) empowers Local Authorities and the Minister of Agriculture, Fisheries and Food, to control infestation of land and infestation of food (i.e. the prohibition or restriction of manufacture, storage, transport or sale of food). To assist local authorities, owners and occupiers of land in the affected area, the Ministry of Agriculture organised demonstrations of various alternative poisons which could be used effectively against the rat population. Constant attention must be paid to rat-repression since it is said that a pair of rats produce 130 live offspring a year (allowing for mortality due to various causes). Cleanliness of premises, proper food storage and protection, frequent removal of edible refuse and rat-proofing of buildings are essential preventive measures; special attention is required in food premises of all kinds. These strong measures must be taken because the rat is a disease-carrier; diseases transmissible by rats include enteric infections and Weil's disease (a spirochaete which is passed in the rats urine invades minor breaches in the skin of humans and causes fever and jaundice).

In July, 1966, the Ministry of Agriculture announced the government's intention to introduce a Scheme for the eradication of brucellosis. In this country, brucellosis is most commonly caused by an organism "brucella abortus" which infects cows causing them to abort. This organism is found in cow's milk. Ingestion of the infected milk, or milk products, or contact with the secretions of infected animals gives rise to undulant fever (or brucellosis) in man. Seemingly healthy animals may still be passing these organisms. The mortality rate in humans is less than 2%, but there may be exacerbations of the disease, resulting in lengthy incapacitation.

The legislation at present available for ensuring that "suspect milk" is made safe by heat treatment is complicated and involves combined action by medical officers of health and veterinary officers of the Ministry of Agriculture. The bulk of milk sold for human consumption is "heat treated", but approximately 5% is still sold in the raw state. It is this 5% that causes the problems;. Also the farmer drinks raw milk from his own cows. Pasteurization of all milk sold for human consumption is not the solution to the prevention of brucellosis since farm hands, slaughterers and veterinary surgeons are still exposed to the risk of infection from direct contact with infected animals.

The disease, at present, is notifiable in only a few authorities; for this reason there is a lack of positive evidence as to the incidence of human brucellosis, but it is thought to be considerably higher than the official figure of 124 cases in 1964 and 125 cases in 1965 (in England and Wales).

The Ministry of Agriculture propose to compile a register of brucella-free herds to provide a reservoir of disease-free replacements, and later to eradicate, area by area, by slaughtering all animals reacting to diagnostic tests. At the time of going to press the Ministry state that during the first three months of the voluntary scheme, 5,000 applications had been received!

2 cases of brucellosis in humans occurred on farms in an adjacent district in 1966.

To Mr. Evans, the Public Health Inspector, I am indebted for preparing the Section " C " of the report dealing with the Sanitary Circumstances of the Area. The high number of contraventions of the Food Hygiene Regulations in 1965 exposes the need for these inspections. There was an average of 9 contraventions per food premises. By now the public must surely be food hygiene conscious; only by repeated visits to food premises can we maintain any improvements attained.

Only 1 case of scarlet fever was notified in the Borough (the only case of infectious disease). There were no notifications of, or deaths from, tuberculosis. No cases of poliomyelitis or diphtheria occurred.

The Anti-Tetanus campaign was continued at clinics and schools throughout the county; since 1965, 3,599 school children who had not been previously protected against this disease were immunized.

May I take the opportunity here to thank the members of the Council, the Officials and their staffs for all the assistance they have given me throughout the year.

I remain,

Your obedient servant,

ELINOR M. GREVILLE.

October, 1967.

LLANFYLLIN BOROUGH COUNCIL, 1966

The Mayor: Councillor I. M. WATKINS

Deputy Mayor: Alderman I. H. LEWIS

Alderman J. E. EVANS

Alderman J. M. OWEN

Alderman R. D. ROBERTS

Councillors: Mrs. M. E. JONES

P. A. JONES

A. F. MANN

G. O. RICHARDS

L. T. ROBERTS

Mrs. I. D. SELLY

C. A. G. TWILLEY

A. W. WATKINS

Town Clerk T. E. A. JARVIS, Solicitor

Officers of the Health Department

Medical Officer (District Medical Officer, N. Montgomeryshire)	Elinor M. Greville, M.R.C.S., L.R.C.P., D.P.H.
Borough Surveyor and Public Health Inspector	Ll. O. Evans, M.A.P.H.I., Cert. R.S.H. (Meat and Other Foods)
Borough Treasurer	R. A. Birch, A.I.M.T.A., A.C.W.A.
Borough Collecting Officer	Mrs. M. A. Davies

SECTION “ A ”

GENERAL STATISTICS OF THE AREA

Area of District—8,143 acres.
Registrar General’s estimate of the mid-1966 resident population—1,230.
Number of Inhabited Houses according to the Rate Books—413.
Rateable Value at 31st March, 1966—£24,923.
Sum represented by a Penny Rate—£96.

VITAL STATISTICS

Population

Estimated Mid-1966—1,230
Estimated Mid-1965—1,230
Estimated Mid-1964—1,230
Estimated Mid-1963—1,230
Estimated Mid-1962—1,230

The 1966 live births were 3 less than in 1965 and stood at the figure of 11, as the number of deaths was 23, the NATURAL decrease in the population was 12.

BIRTHS AND DEATHS

Live Births—Total 11

	Male	Female	Total
Legitimate	4	7	11
Illegitimate	Nil	Nil	Nil
Total	4	7	11

Area Comparability Factor—1.13.

Live Birth Rate per 1,000 estimated population (Crude)—8.94 (11.38 in 1965).

Live Birth Rate per 1,000 estimated population (Corrected)—10.1.

Illegitimacy Rate—Nil (Nil in 1965).

Stillbirths—Nil.

Still Birth Rate—Nil (Nil in 1965).

Infant Mortality:

There was 1 death of an infant under 1 year of age. This was a death from enteritis (a male aged between 1 month and 1 year).

Total Infant Mortality Rate—90.90 per 1,000 live births (Nil in 1965).

Legitimate Infant Mortality Rate—90.90 per 1,000 legitimate live (Nil in 1965).

Illegitimate Infant Mortality Rate—Nil.

Neo-natal Mortality Rate—Deaths under 4 weeks per 1,000 live births—Nil (Nil in 1965).

Perinatal Mortality Rate—Still births and deaths under 1 week—Nil (Nil in 1965).

Maternity Mortality—Nil (Nil in 1965).

Deaths:

Males 12
Females 11
Total 23

Death Rate per 1,000 estimated population (Crude)—18.70 (12.19 in 1965).

Death Rate per 1,000, estimated population (Corrected)—14.96 (9.14 in 1965).

Area Comparability Factor—0.80.

COMPARATIVE RATES, 1966

	Llanfyllin M.B.	Montgomery County	(Provisional figures) England and Wales
Birth Rate (corrected)	10.1	16.03	17.7
Illegitimacy Rate	Nil	7.3	Nil
Death Rate (corrected)	14.96	11.59	11.7
Maternal Mortality Rate	Nil	Nil	Nil
Total Infant Mortality Rate	90.9	16.1	19.0
Legitimate Infant Mortality Rate	90.9	Nil	Nil
Illegitimate Infant Mortality Rate	Nil	Nil	Nil
Neo-natal Mortality Rate	Nil	6.5	12.9
Early Neo-natal Mortality Rate (deaths under 1 week)	Nil	Nil	11.1
Perinatal Mortality Rate	Nil	23.8	26.3
Still Birth Rate	Nil	17.4	15.4

Deaths by age, cause and sex, during the year 1966

Cause of death	Sex	Total All Ages	4 weeks and under 1 year	Age in Years				
				25-35	45-55	55-65	65-75	75 and over
Malignant neoplasm, stomach ..	M	1	—	—	—	1	—	—
	F	—	—	—	—	—	—	—
Other malignant and lymphatic neoplasms	M	*3	—	—	—	2	1	—
	F	—	—	—	—	—	—	—
Vascular lesions of nervous system	M	2	—	—	1	—	1	—
	F	3	—	—	—	1	—	2
Coronary disease, angina ..	M	1	—	—	—	—	1	—
	F	2	—	—	—	—	2	—
Hypertension with heart disease ..	M	—	—	—	—	—	—	—
	F	2	—	—	—	—	1	1
Other heart disease.. .. .	M	1	—	—	—	—	1	—
	F	1	—	—	—	—	—	1
Pneumonia	M	1	—	—	—	—	—	1
	F	1	—	—	—	—	—	1
Gastritis, enteritis and diarrhoea ..	M	1	1	—	—	—	—	—
	F	—	—	—	—	—	—	—
Congenital malformations.. ..	M	—	—	—	—	—	—	—
	F	1	—	1	—	—	—	—
Other defined and ill-defined diseases	M	2	—	—	—	—	—	2
	F	1	—	—	—	—	—	1
Total all causes	M	12	1	—	1	3	4	3
	F	11	—	1	—	1	3	6
GRAND TOTALS ..	M&F	23	1	1	1	4	7	9

* Cancer Prostate—1 Cancer Bowel—2

Chief Causes of Death:

1. Heart disease (3 from coronary heart disease).
2. Vascular lesions of nervous system.
3. Malignancy.

SECTION “ B ”

The County Medical Officer of Health is responsible for the health services of the district.

SECTION " C "

Sanitary Circumstances of the Area

Water Supplies

(i) Quality

The public supply is drawn from a well sunk in valley gravel. Samples of the water are examined periodically by the Montgomeryshire Water Board and also by officials of the Council. During the year under review eight samples were submitted to bacteriological examination on behalf of the Council and all were found to be satisfactory. Twelve further samples were taken by the Water Board and these too were found to be satisfactory.

The private supplies are mostly from shallow wells or springs and detailed information regarding their quality is not available but I have commented on this matter in previous reports. One sample from a private supply was submitted to bacteriological examination and found to be unsatisfactory.

(ii) Quantity

To report upon the adequacy of the water supplies in the Borough it is again necessary to deal separately with those properties which are within reach of the public mains and those which have to rely on private supplies.

The public supply is adequate for all purposes. The dwellings and population supplied from the mains are as follows:

	<i>No. of Dwellings</i>	<i>Estimated Population</i>
Water laid on to house or curtilage	346	1,073

Dealing generally with the properties beyond the reach of the water-main there can be no doubt that during periods of drought the supplies are inadequate. The elevation of some properties makes it difficult to supply them economically but I consider that the watermains should be extended wherever possible so as to make the maximum use of an adequate source. I am glad to note however that a high proportion of the houses in the district are provided with a mains water supply and that efforts are being made to extend the distribution system.

(iii) Plumbo-Solvent Action

The public water supply, unless treated for the correction of pH value may have a corrosive effect upon metals.

Drainage and Sewerage

Following the construction in 1953 of new sewerage works for the town the position regarding drainage and sewerage is satisfactory within the built-up area of the district. Improvements are required to the sewage disposal works.

Closet Accommodation

The construction of the new sewerage scheme made it possible to convert most of the pail closets in the town. At the end of the year there were no pail closets in use in the built-up area of the district.

Public Cleansing

Throughout the year under review arrangements were in force for the weekly collection of house refuse. The service was confined to the contents of bins and the refuse was disposed of on one tip situated outside the Borough and others within the Borough. The service is available throughout the built-up area of the district and along the principal roads in the rural area.

Public Health Inspections

During the year the Public Health Inspector carried out the following inspections:

- Public Health—6
- Food and Drugs—9
- Housing Inspections—14
- Building Inspections—22
- Meat Inspections—120
- Refuse Disposal—6

As a result of the above inspections the following notices were served with the result indicated:

<i>No. Served</i>	<i>No. Complied with</i>
8	13

Shops and Offices

At the end of the year, the following registrations had been made:

<i>Class of Workplace</i>	<i>No. of Registrations</i>	<i>No. of Persons Employed</i>
Offices	6	16
Retail Shops	6	20
Wholesale Shops, Warehouses	—	—
Catering Establishments open to the public	1	4
Fuel Storage Depots	—	—

Caravan Sites

There were no licensed sites in the district at the end of 1966.

Smoke Abatement

No action necessary during the year.

A swimming pool was constructed and put in use at the Llanfyllin High School during 1965. This is not a public swimming pool and is under the control of the Local Education Authority.

Eradication of Bed Bugs

No action was necessary during the year.

Housing

Number of Official Representations made to the Council	1
Number of Undertakings received from owners not to use the premises for human habitation	—
Number of premises actually closed	—
Number of premises demolished	—
Number of Houses improved by means of Improvement Grants under the Housing Acts, during the year	3

The following table shows the number of Improvement Grants awarded during 1966:

<i>No. of Grants Awarded</i>	<i>Amount paid in Grants</i>
5	£646 5s. 1d.

SECTION “ D ”

Factories Act, 1937-1961

No action was necessary during the year.

Outworkers

There are no outworkers in the district and therefore no statistics relating to Part VIII of the Act of 1937 are included in this report.

SECTION “ E ”

The following information is required to be included in this report:

1. There were in the district at the end of 1966 the following numbers of premises where food is prepared, sold or stored:

Butcher's Shops..	..	..	..	..	..	..	..	2
Fried Fish and Chip Shops	..	..	..	..	..	..	..	1
General Provisions Shops	..	..	..	..	..	..	..	4
Greengrocer's Shops	..	..	..	..	..	..	..	—
Cafes	..	..	..	..	..	..	..	2
Confectioner's Shops	..	..	..	..	..	..	..	5
Licensed Premises	..	..	..	..	..	..	..	3

2. Section 16 of the Food and Drugs Act, 1955, requires the registration of all premises used for the manufacture or sale of ice cream or the preparation or manufacture of sausages or potted, pressed, pickled or preserved food intended for sale. The following numbers of premises are so registered :

For the sale of ice cream	..	..	..	..	..	..	4
For the manufacture of ice cream	..	..	..	..	..	..	1

3. Nine visits were made to food premises during the year. No initial inspections were made but occupiers were advised on measures to remedy the contraventions numbering 153 which were brought to their attention during 1965.

4. Educational activity in relation to food hygiene was confined to advice and discussion.

5. One slaughterhouse was in operation in the district throughout the year and the following table shows meat inspected and condemned.

Meat Inspection

					Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	..	..	..	..	107	—	—	898	221
Number inspected	..	..	..	..	107	—	—	898	221
<hr/>									
ALL DISEASES EXCEPT TUBERCULOSIS AND CYSTICERCOSIS									
Whole carcase condemned	..	..			—	—	—	1	—
Carcases of which some part or organ was condemned	..	..	..	..	28	—	—	92	19
% of the number inspected affected with disease other than tuberculosis and cysticerci	..	..	..	..	26.2%	—	—	10.4%	8.6
TUBERCULOSIS ONLY									
Whole carcase condemned	..	..			—	—	—	—	—
Carcases of which some part or organ was condemned	..	..	..	..	—	—	—	—	2
% of the number inspected affected with tuberculosis	..	..	..	..	—	—	—	—	0.9%
CYSTICERCOSIS									
Carcases of which some part or organ was condemned	..	..	..	..	—	—	—	—	—
Carcases submitted to treatment by refrigeration	..	..	..		—	—	—	—	—
<hr/>									
Generalised and totally condemned	..				—	—	—	—	—

Total Weight Condemned — 590 lbs.

SECTION “ F ”

INFECTIOUS DISEASE CONTROL

1 case of scarlet fever was notified during the year. The disease is spread by direct contact with a case, contaminated objects and droplet spread (whereby the organism is inhaled). Explosive outbreaks may occur if milk or food is contaminated. Mild cases may be “ missed ” and remain untreated; nephritis and rheumatic fever may then ensue.

Tuberculosis

No cases were reported and there were no deaths from this cause.

15 cases occurred in the County and there were 3 deaths from this cause.

Food Poisoning

No cases were reported in the Llanfyllin Borough.

MASS RADIOGRAPHY SERVICE

The unit again visited Montgomeryshire at their bases in Welshpool and Newtown.

VACCINATION AND IMMUNISATION

Tuberculosis—17 pupils were successfully vaccinated at Llanfyllin High School.

Smallpox—In North Montgomeryshire smallpox vaccination is obtained through the services of the general practitioners.

Whooping Cough, Diphtheria and Tetanus—The County Infant Welfare Clinics immunise infants between 3 and 4 months of age and a combined “Triple Antigen” is used. A booster dose is given to the child on entry to school. School Medical Officers also visit the schools to immunise. Since 1965, 3,599 school children (who had not previously been immunised) were immunised against tetanus. In an agricultural area, the risk of acquiring tetanus is an ever present danger since more than 50,000 people still die every year from this disease. The reservoir of infection is the intestinal canal of animals, especially horses, and man. The immediate source of the infection is contamination of minor cuts and wounds by soil, dust and animal and human faeces, containing the tetanus bacillus. In non-vaccinated populations, children under 15 years of age are the chief victims. In many European countries tetanus causes more deaths than diphtheria, typhoid, scarlet fever and rabies combined.

Poliomyelitis—Vaccination is obtainable at the County Welfare Clinics and is available to infants, persons under 40 years of age and members of the public at special risk.

Measles—Although the County Welfare Clinics do not offer immunisation one or two general practitioners in the area now immunise children against the disease.

